

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00235853	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 02 / 01 / 2016	

Full Name of Payee <b>Stones' Phones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 41-750 Rancho Las Palmas Dr Ste E-		Amount 2176.18	
City Rancho Mirage	State CA	Zip Code 92270	Transaction ID : D622648
Purpose of Expenditure Telephone Calls	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>The Pivot Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 1720 I St NW		Amount 12858.20	
City Washington	State DC	Zip Code 20006	Transaction ID : D622647
Purpose of Expenditure Mailing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 29 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15034.38
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 17 / 2016

Signature

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Form/Schedule: F24A  
Transaction ID :

State inadvertently left off of original report.

Form/Schedule:  
Transaction ID:

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00235853	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 01 / 2016</div> </div>	

Full Name of Payee <b>Doyle Printing &amp; Offset</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 5206 46th Ave		Amount 864.39	
City Hyattsville	State MD	Zip Code 20781	Transaction ID : D622646
Purpose of Expenditure Signage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	864.39
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	15898.77

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd

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Date

MM / DD / YYYY  
02 / 17 / 2016

Signature